

U.S. Trustee Basic Monthly Operating Report

Case Name:

Kentuckiana Medical Center

Date Filed:

9-19-10

Case Number:

10-93039-BHL-11

SIC Code:

Month (or portion) covered by this report:

May 2011

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THIS U.S. TRUSTEE BASIC MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS ON BEHALF OF THE CHAPTER 11 DEBTOR AND, TO THE BEST OF MY KNOWLEDGE, THIS REPORT AND RELATED DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

Nicholas R. Clark6-21-11

ORIGINAL SIGNATURE OF RESPONSIBLE PARTY

DATE REPORT SIGNED

Nicholas R. Clark CFO

PRINTED NAME OF RESPONSIBLE PARTY AND POSITION WITH DEBTOR

The debtor is required to provide financial reports prepared by or for the debtor in addition to the information required by this form. The U.S. Trustee may permit the debtor to eliminate duplicative information. No such permission is valid unless in writing.

QUESTIONNAIRE:

1. IS THE BUSINESS STILL OPERATING?
2. DID YOU SELL ANY ASSETS OTHER THAN INVENTORY THIS MONTH?
3. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?
4. DID YOU PAY ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?
5. DID YOU PAY ALL YOUR BILLS ON TIME THIS MONTH?
6. DID YOU PAY YOUR EMPLOYEES ON TIME?
7. HAVE YOU FILED ALL OF YOUR RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?
8. DID YOU PAY ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?
9. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?
10. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?
11. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?
12. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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13. DID YOU DEPOSIT ALL MONEY FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH? YES NO

14. DID THE BUSINESS SELL ANY GOODS OR PROVIDE SERVICES TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY? YES NO

15. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? YES NO

16. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE UST? YES NO

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? YES NO

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. [If you use an automated accounting system, please attach a copy of the Income Statement and Balance Sheet.]

TOTAL INCOME

1,619,909

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS PAID THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. [If you use an automated accounting system, please attach a copy of the Disbursements Journal, otherwise attach a copy of the check register.]

TOTAL EXPENSES

2,317,027

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B)

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)

(Subtract The Total from Exhibit C from the Total of Exhibit B)

CASH PROFIT FOR THE MONTH

<697,118>

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UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

TOTAL PAYABLES

767,936

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

TOTAL RECEIVABLES

9,274,601

(EXHIBIT E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT.

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?

174

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?

163

PROFESSIONAL FEES

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT DURING THIS REPORTING PERIOD?

0

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT SINCE THE FILING OF THE CASE?

0

TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR DURING THIS REPORTING PERIOD?

0

TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR SINCE THE FILING OF THE CASE?

0

PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR RELATED TO BANKRUPTCY DURING THIS REPORTING PERIOD?

0

PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR RELATED TO BANKRUPTCY SINCE THE FILING OF THE CASE?

0

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PROJECTIONS

COMPARE YOUR ACTUAL INCOME, EXPENSES AND THE CASH PROFIT TO THE PROJECTIONS FOR THE FIRST 180-DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

PROJECTED INCOME FOR THE MONTH:

2,452,416

ACTUAL INCOME FOR THE MONTH (EXHIBIT B):

1,619,909

DIFFERENCE BETWEEN PROJECTED AND ACTUAL INCOME:

<832,507>

PROJECTED EXPENSES FOR THE MONTH:

2,759,743

TOTAL ACTUAL EXPENSES FOR THE MONTH (EXHIBIT C):

2,317,027

DIFFERENCE BETWEEN PROJECTED AND ACTUAL EXPENSES:

442,716

PROJECTED CASH PROFIT FOR THE MONTH:

<307,327>

ACTUAL CASH PROFIT FOR THE MONTH

<697,118>

(TOTAL FROM EXHIBIT B MINUS TOTAL FROM EXHIBIT C)

DIFFERENCE BETWEEN PROJECTED AND ACTUAL CASH PROFIT:

<389,791>

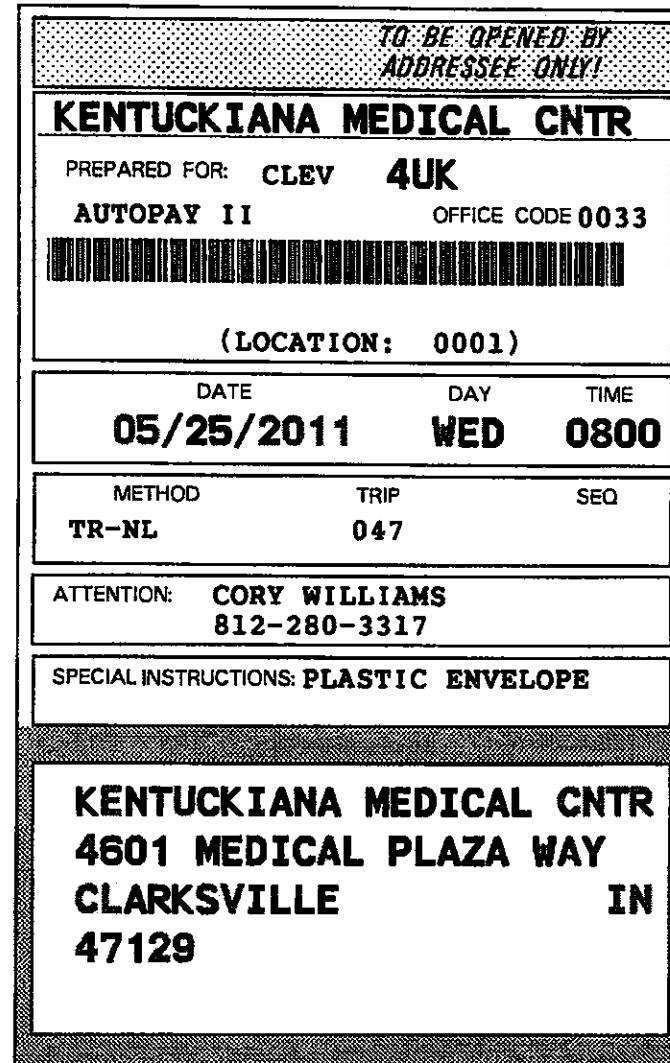
[If actual cash profit was 90% or less of projected cash profit, please attach a detailed written explanation.]

EMPLOYER SERVICES

TO BE OPENED BY ADDRESSEE ONLY		
KENTUCKIANA MEDICAL CNTR		
PREPARED FOR:	CLEV 4UK	
AUTOPAY II		OFFICE CODE 0033
		
(LOCATION: 0001)		
DATE	DAY	TIME
09/22/2010	WED	0800
METHOD	TRIP	SEQ
TR-NL		047
ATTENTION: CORY WILLIAMS 812-280-3317		
SPECIAL INSTRUCTIONS: PLASTIC ENVELOPE		
KENTUCKIANA MEDICAL CNTR 4601 MEDICAL PLAZA WAY CLARKSVILLE IN 47129		

TOTAL CHECKS: 1
TOTAL VOUCHERS: 174

EMPLOYER SERVICES



TOTAL CHECKS: 163
TOTAL VOUCHERS: 0

Kentuckiana Medical Center

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Variance from Forecast

May 2011

Actual monthly net loss was (\$697,118) as compared to the forecasted net loss of (\$307,327) resulting in a variance of (\$389,791). The actual expenses for the month were less than forecasted and the variance is attributable to the shortfall in revenue. The shortfall in revenue is due to a lesser than forecast average daily census. The lower census was in part attributed to the unavailability of staff lost since bankruptcy preventing the opening of additional Medical / Surgical beds.

Kentuckiana Medical Center

Income Statement

Proforma for the six month period ending March 31, 2011

Description	Projected					
	October	November	December	January	February	March
Patient Days	450	714	791	801	733	822
Total Room & Board:	682,608	968,341	1,051,138	1,072,324	1,000,780	1,099,267
Total Ancillary Services:	3,737,544	5,302,040	5,755,389	6,243,015	5,713,047	6,407,305
Total Emergency Room:	0	0	0	0	0	0
Total Patient Revenue:	4,420,152	6,270,381	6,806,527	7,315,339	6,713,827	7,506,571
Total Revenue Deductions:	3,005,704	4,263,859	4,628,438	4,974,430	4,565,402	5,104,469
Net Patient Revenue:	1,414,449	2,006,522	2,178,089	2,340,908	2,148,425	2,402,103
Anesthesia Pro Fee Revenue - Net	35,000	35,000	35,000	35,000	35,000	35,000
Total Other Revenue:	9,901	14,046	15,247	14,923	13,696	15,313
Net Revenue:	1,459,350	2,055,568	2,228,335	2,390,832	2,197,121	2,452,416
Expenses:						
Salary & Wages	489,893	674,891	710,817	750,591	667,897	720,979
Benefits	58,149	80,094	84,357	75,069	66,790	72,098
Professional Fees MD	64,833	64,833	64,833	65,000	65,000	65,000
Emergency physicians	0	0	0	0	0	0
Supplies Expense	473,493	631,020	674,897	710,488	640,492	709,562
Repairs & Maintenance	47,959	48,438	48,923	49,858	49,858	49,858
Utilities Expense	57,081	57,652	58,228	55,775	58,334	60,656
Purchased Services	300,206	392,206	292,206	298,210	298,210	298,210
Other Admin Expense	31,982	41,297	44,936	48,359	44,279	49,656
Taxes & License	18,000	18,000	18,000	18,540	18,540	18,540
Insurance - Employee Health, Dental, Life	48,984	67,489	71,082	75,069	66,790	72,098
Insurance - Hospital	25,000	25,000	25,000	30,000	30,000	30,000
Operating Expenses:	1,615,574	2,000,921	2,093,279	2,177,058	2,006,188	2,146,657
Margin (Loss) before capital costs	(156,224)	54,647	135,056	213,773	190,932	305,759
Capital costs						
Lease Expense - Equipment	82,641	82,641	82,641	82,641	82,641	82,641
Lease Expense - Building	300,000	300,000	300,000	300,000	300,000	300,000
Depreciation & Amortization Expense	117,999	117,999	117,999	204,875	204,875	204,875
Interest Expense	25,570	25,570	25,570	25,570	25,570	25,570
	526,210	526,210	526,210	613,086	613,086	613,086
Net (Loss) Income:	\$ (682,434)	\$ (471,563)	\$ (391,154)	\$ (399,313)	\$ (422,154)	\$ (307,327)
Cash flow from operations:						
Depreciation	117,999	117,999	117,999	204,875	204,875	204,875
Interest expense	25,570	25,570	25,570	25,570	25,570	25,570
Cash flow from operations	\$ (538,865)	\$ (327,994)	\$ (247,585)	\$ (168,868)	\$ (191,709)	\$ (76,882)

Kentuckiana Medical Center
Summary Income Statement
U.S. Trustee Basic Monthly Operating Report
(Attachment for Page 2 of 4)
May 2011

	Total	Cash Basis	Accrual Basis
Income	\$ 1,619,909	\$ 1,626,681	\$ (6,772)
Expenses	<u>2,317,027</u>	<u>1,737,248</u>	<u>579,779</u>
Net Profit	<u>\$ (697,118)</u>	<u>\$ (110,567)</u>	<u>\$ (586,551)</u>